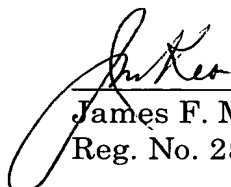


Two checks in the amount of \$770.00 for the filing fee and \$40.00 for the assignment recording fee are enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 05-1323 (Docket # 056207.53285US). A duplicate copy of this sheet is enclosed.

Respectfully submitted,



James F. McKeown
Reg. No. 25,406

JFM/lvb

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U.S. PTO

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810

Complete if Known

Application Number TBA
Filing Date March 2, 2004
First Named Inventor Akihiko EMORI et al.
Examiner Name TBA
Art Unit TBA
Attorney Docket No. 056207.53285US

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 05-1323
Deposit Account Name Crowell & Moring LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Charge any deficiency or credit any overpayments to the deposit account of the undersigned. Attorney Docket No. 056207.53285US

☐ Charge any additional fee(s) during the pendency of this application.

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Code	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	770
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1)					770

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
12	-20** = 0	x 18	= 0.00
Indep. Claims	2	-3** = 0	x 86 = 0.00
Multiple Dependent			=

Large Entity	Small Entity	Fee	Code	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	86	43	Independent claims in excess of 3
1203	2203	290	145	Multiple dependent claim, if not paid
1204	2204	86	43	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$ 0.00				

**or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	
1053	2053	130	130	Non-English specification	
1812	2520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examination action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	2251	110	55	Extension for reply within first month	
1252	2252	420	210	Extension for reply within second month	
1253	2253	950	475	Extension for reply within third month	
1254	2254	1,480	740	Extension for reply within fourth month	
1255	2255	2,010	1,005	Extension for reply within fifth month	
1401	2401	330	165	Notice of Appeal	
1402	2402	330	165	Filing a brief in support of an appeal	
1403	2403	290	145	Request for oral hearing	
1451	2451	1,510	1,510	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive - unavoidable	
1453	2453	1,330	665	Petition to revive - unintentional	
1501	2501	1,330	665	Utility issue fee (or reissue)	
1502	2502	480	240	Design issue fee	
1503	2503	640	320	Plant issue fee	
1406	2406	130	130	Petitions to the Commissioner	
1807	2807	50	50	Processing fee under 37 CFR 1.17(q)	
1806	2806	180	180	Submission of Information Disclosure Stmt	
8021	8021	40	40	Recording each patent assignment per property (times number of properties)	40
1809	2809	770	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	770	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	2801	770	385	Request for Continued Examination (RCE)	
1802	2802	900	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

40

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) James F. McKeown Registration No. (Attorney/Agent) 25,406 Telephone 202-624-2500
Signature [Signature] Date 03/02/2004

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